

CITY OF AUSTIN OFFICE OF THE CITY CLERK

All reports and associated data are required to be submitted to the City Clerk using the City of Austin Electronic Filing System located at: https://austintexas.ethicsefile.com/EthFile/. The Clerk's Office no longer accepts hard copy reports.

FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: Filer ID The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 20 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** NAME Date Received NICKNAME LAST **SUFFIX** CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** Change of Address Date Processed Date Imaged CAMPAIGN MS/MRS/MR **FIRST** MI **TREASURER** NAME NICKNAME LAST **SUFFIX** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CAMPAIGN CITY; STATE; **TREASURER ADDRESS** (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded \$500 limit PERIOD Month Day Year Month Day Year COVERED **THROUGH** 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

This box is for notice of political contributions accepted or political expenditures made by political committees to support and contributions accepted or political expenditures made by political committees to support of consent. Candidate of officeholders are required to report this information only if they receive notice of such expenditures. Additional Project of Committee Type COMMITTEE NAME	L3 C / OH NAME		14	Filer ID (Eth	nics Commission Filers)
COMMITTEE TYPE GENERAL COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 2. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES. \$ 2. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS, UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS, UNLESS ITEMIZED 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES SOUTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) SOUTH OF THE REPORTING PERIOD CONTRIBUTION SOUTH OF THE LAST DAY OF THE SOUTH OF THE SO	FROM POLITICAL	candidate / officeholder	These expenditures may have been made without the c	andidate's or officehol	lder's knowledge or
GENERAL COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS CONTRIBUTION TOTALS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS), UNLESS ITEMIZED S. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED S. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALLANCE CONTRIBUTION BALLANCE S. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 1 SWEAR, OF Affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE SWORN to and subscribed before me, by the said		COMMITTEE TYPE	COMMITTEE NAME		
COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 4. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE \$ CONTRIBUTION FREPORTING PERIOD OUTSTANDING OF THE REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY FRADAVIT I swear, or affirm, under penalty of perjury, that the accompanying report if true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the		GENERAL			
COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING OF THE REPORTING PERIOD 7. AFFADAVIT I swear, or affirm, under penalty of perjury, that the accompanying report if the properties of the period of t			COMMITTEE ADDRESS		
COMMITTEE CAMPAIGN TREASURER ADDRESS CONTRIBUTION TOTALS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ CONTRIBUTION BALANCE CONTRIBUTION BALANCE 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY \$ True and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day		SPECIFIC			
COMMITTEE CAMPAIGN TREASURER ADDRESS CONTRIBUTION TOTALS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ CONTRIBUTION BALANCE CONTRIBUTION BALANCE 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY \$ True and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day			COMMITTEE CAMPAICN TREASURED NAME		
6 CONTRIBUTION TOTALS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day			COMMITTEE CAMPAIGN TREASURER NAME		
TOTALS LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) SEXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES SCONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 7 AFFADAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day			COMMITTEE CAMPAIGN TREASURER ADDRESS		
TOTALS LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 7. AFFADAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day					
CONTRIBUTION S S				N PLEDGES,	\$
4. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 7. AFFADAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the					\$
CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day		3. TOTAL POLITIC	CAL EXPENDITURES OF \$100 OR LESS, UNLESS ITER	MIZED	\$
BALANCE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report i true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said		4. TOTAL POLITIC	CAL EXPENDITURES		\$
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day				DAY OF THE	\$
I swear, or affirm, under penalty of perjury, that the accompanying report i true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the				THE LAST DAY	\$
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day	7 AFFADAVIT		true and correct and includes all info		
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day			Signature of Can	didate or Officeholder	.
	AFFIX NC	TARY STAMP / SEAL AE	-		
	Sworn to and subs	cribed before me, by the	said	this the	dav
				uns uie	uay
Signature of officer administering Printed name of officer administering Title of officer administering oath	Signature of offi	cer administering	Printed name of officer administering	Title of officer ac	Iministering path

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH ADDENDUM

C / OH NAME			Filer ID	(Ethics Commission Filers)		
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures					
	COMMITTEE TYPE	COMMITTEE NAME		A		
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have b	of political expenditures by political committees to su been made without the candidate's or officeholder's d to report this information only if they receive notice	knowledge or co	nsent. Candidates and		
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	OOMMITTEE ADDRESS				
	CDECIFIC	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			

SI	JBT ⁽	OTALS - C/OH	(FORM C/OH COVER SHEET PG 3
18 FIL	ER NAN	IE	19 Filer ID	(Ethics Commission Filers)
	HEDULI	SUBTOTAL AMOUNT		
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 7	otal pages Schedule A1:
2	FILER NAME	3 F	Filer ID (Ethics Commission Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 6 Contributor address; City; State; Zip Code	7 /	Amount of Contribution (\$)
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ls)	
	Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code		Amount of Contribution (\$)
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	is)	,
	Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code		Amount of Contribution (\$)
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	ıs)	
	Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code		Amount of Contribution (\$)
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	ıs)	
	Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code		Amount of Contribution (\$)
	Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS		EDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributo is out-of-state PAC, please see instruction guide for additional report		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$ description 7 Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor In-kind contribution Date Amount of out-of-state PAC (ID#: contribution (\$) description Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's job title (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLE	DGED CONTRIBU	TIONS			SCHEDULE B	
7	The Instruction Guide ex	1 Total pages Schedul	le B:			
2 FILER N	NAME			3 Filer ID (Ethics	Commission Filers)	
4 TOTAI	L OF UNITEMIZED PLEDO	GES		\$		
5 Date	6 Full name of pledgor	out-of-state PAC (ID#	:)	8 Amount of pledge (\$)	In-kind description (If applicable)	
	7 Pledgor Address;	City; State; Zip Code		Check if travel outside	e of Texas. Complete Schedule T.	
10 Principa	l occupation / Job title (See Instru	uctions)	11 Employer (See Instr	ructions)		
5 Date	6 Full name of pledgor	out-of-state PAC (ID#	:	8 Amount of pledge (\$)	In-kind description (If applicable)	
	7 Pledgor Address;	City; State; Zip Code				
10 Principa	al occupation / Job title (See Instru	uctions)	11 Employer (See Instr		e of Texas. Complete Schedule T.	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#		8 Amount of 9 pledge (\$)	In-kind description (If applicable)	
	7 Pledgor Address;	City; State; Zip Code				
				Check if travel outside	e of Texas. Complete Schedule T.	
10 Principa	al occupation / Job title (See Instru	uctions)	11 Employer (See Instr	ructions)		
5 Date	6 Full name of pledgor	out-of-state PAC (ID#	:)	8 Amount of pledge (\$)	In-kind description (If applicable)	
	7 Pledgor Address;	City; State; Zip Code	;			
				Check if travel outside	e of Texas. Complete Schedule T.	
10 Principa	l occupation / Job title (See Instru	uctions)	11 Employer (See Instr	ructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributo is out-of-state PAC, please see instruction guide for additional reporting requiremetns.						

	LOANS						SCHEDULE E
	The Instruction	n Guide explains ho	w to complete this	form.	1	Total pa	ges Schedule E:
2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS			I		\$
5	Date of loan	7 Name of lender	out-of-state F	PAC (ID#:			9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address;	City; State;	Zip Code			10 Interest Rate
	Y N			<u>, </u>			11 Maturity Date
12	Principal occupation	on / Job title (See Instruction	ns)	13 Employer (See Inst	ructions)		
14	Description of Coll None	ateral		15 Check if personal for	unds were	deposited	l into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address;	City; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Inst	ructions)		
	Date of loan	Name of lender	out-of-state F	AC (ID#:)	Loan Amount (\$)
	Is lender a financial institution?	Lender address;	City; State;	Zip Code			Interest Rate
	Y N						Maturity Date
	Principal occupation	on / Job title (See Instruction	ns)	Employer (See Inst	ructions)		L
	Description of Coll None	ateral		Check if personal fo	unds were	deposited	l into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor					Amount Guaranteed (\$)
	not applicable	Guarantor address;	City; State;	Zip Code			
	Principal occupation	n		Employer (See Inst	ructions)		<u> </u>
	If lende	ATTACH AD r is out-of-state PAC		OF THIS SCHEDUI			

Forms provided by Texas Ethics Commission

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials E Legal Services The Instruction Guid	Expense Print Sala	ig Expense ing Expense ries/Wages/Contract L o complete this fo	Tra .abor OT	ivel III District ivel Out of Dis HER (enter a	
1	Total pages Schedule F1:	2 FILER NAM	E			3 File	er ID	(Ethics Commission Filers)
4	Date	5 Payee name	<u> </u>					
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	e top of this schedule)	(b) Descrip	tion k if travel outside o	f Texas. Com	plete Schedule T.
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought		Office he	eld
	Date	Payee name	9					
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code			
	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the	e top of this schedule)	(b) Descrip	t ion k if travel outside o	f Texas. Com	plete Schedule T.
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought		Office h	eld
	Date	Payee name						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code			
	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the	e top of this schedule)	(b) Descrip	tion k if travel outside o	f Texas. Com	plete Schedule T.
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought		Office he	eld
		ATTACU A	DDITIONAL CO	DIES OF TH	IS SCHEDU	EACNET	DED	

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name **7** Amount (\$) 8 Payee address; State; Zip Code City; TYPE OF Non-Political Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS FROM POLITICAL SCHEDULE F3 **CONTRIBUTIONS** 1 Total pages Schedule F3: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Name of person from whom investment is purchased 6 Address of person from whom investment is purchased; City; State; Zip Code Description of investment 8 Amount of investment (\$) Date Name of person from whom investment is purchased Address of person from whom investment is purchased; City; State; Zip Code Description of investment Amount of investment (\$) Date Name of person from whom investment is purchased Address of person from whom investment is purchased; City; State; Zip Code Description of investment Amount of investment (\$) Date Name of person from whom investment is purchased Address of person from whom investment is purchased; City; State; Zip Code Description of investment Amount of investment (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name **7** Amount (\$) 8 Payee address; State; Zip Code City; TYPE OF Non-Political Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ment Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Political Committee Credit Card Payment		nmittee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)				
1	Total pages Schedule G:	2	FILER NAMI	Ξ				3	Filer ID	(Ethics Comm	nission Filers)
4	Date	5	Payee name								
6	Amount (\$) Reimbursement from political contributions intended	7	Payee addre	ess; City;	Si	tate; Zip Co	de				<i></i>
8	PURPOSE OF EXPENDITURE	(a)	Category (s	ee Categories list	ed at the top of thi	is schedule)	(b) Description			outside of Texas. Co	omplete Schedule T. ng expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	ndidate/Office	holder name			Office sought			Office held	
	Date		Payee name								
	Amount (\$) Reimbursement from political contributions intended		Payee addre	ess; City;	Si	tate; Zip Co	de				
	PURPOSE OF EXPENDITURE		Category (S	ee Categories list	ed at the top of thi	is schedule)	Description	=		outside of Texas. Co	omplete Schedule T. ng expense
	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Office	holder name			Office sought			Office held	
	Date		Payee name								
	Amount (\$) Reimbursement from political contributions intended		Payee addre	ess; City;	Si	tate; Zip Co	de				
	PURPOSE OF EXPENDITURE		Category (s	ee Categories list	ted at the top of thi	is schedule)	Description	=		outside of Texas. Co	omplete Schedule T. ng expense
	Complete ONLY if direct expenditure to benefit C/OH	Can	ididate/Office	holder name			Office sought			Office held	
		A	TTACH AI	ODITIONA	L COPIES	OF THIS S	CHEDULE A	S NE	EDED		

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Sa The Instruction Guide explains how	laries/Wages/Contract Labor to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Date	5 Business name		
6	Amount (\$)	7 Business address; City; State; Z	ip Code	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh		e sought	Office held
	Date	Business name		
	Amount (\$)	Business address; City; State; Z	ip Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF	Candidate/Officeholder name Office	(b) Description	<u>'</u>
	OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office		Check if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date Amount (\$)	Candidate/Officeholder name Office	re sought	Check if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Officeholder name	ip Code	Check if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date Amount (\$) PURPOSE OF	Candidate/Officeholder name Business name Business address; City; State; Z (a) Category (See Categories listed at the top of this schedule	ip Code	Check if Austin, TX, officeholder living expense Office held Check if travel outside of Texas. Complete Schedule T.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to complete this form.						
		The methodien Calde explains non to complete the					
1	Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4	Date	5 Payee name					
6	Amount (\$)	7 Payee Address; City; State; Zip					
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)				
	Date	Payee name					
	Amount (\$)	Payee Address; City; State; Zip					
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)				
	Date	Payee name					
	Amount (\$)	Payee Address; City; State; Zip					
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)				
	Date	Payee name					
	Amount (\$)	Payee Address; City; State; Zip					
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K CONTRIBUTIONS RETURNED TO FILER 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 6 Address of person from whom amount is received; City; State; Zip Code 7 Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Contribution / Expenditure reported on: Schedule A2 Schedule C2 Schedule F1 Schedule B Schedule B(J) Schedule D Schedule F4 Schedule F2 Schedule H Schedule COH-UC Schedule G Dates of Travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

		FORM C/OH - FR
	The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" **	
1	C/OH NAME 2 File	r ID (Ethics Commission Filers)
3	SIGNATURE	
	I do not expect any further political contributions or political expenditures in connection with my candidacy. It as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign expenditures without a campaign treasurer appointment on file.	
	Signature of Candidate	/ Officeholder
	<u> </u>	Officeriolder
4	FILER WHO IS NOT AN OFFICEHOLDER	
	** Complete A & B below only if you are not an officeholder **	
	A CAMPAIGN FUNDS	
	Check only one:	
	I do not have unexpended contributions or unexpended interest or income earned from political cont	ributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions convert unexpended political contributions or unexpended interest or income earned on political contributions and that I must file an annual report of unexpended contributions and that I may not retain ur unexpended interest or income earned on political contributions longer than six years after filing this must dispose of unexpended political contributions and unexpended interest or income earned on powith the requirements of Election Code 254.204.	tributions to personal use. I also nexpended contributions or report. Further, I understand that I
	B ASSETS	
	Cheek only one.	
	Check only one: I do not retain assets purchased with political contributions or interest or other income from political of the contributions of interest or other income from political of the contributions of interest or other income from political of the contributions of interest or other income from political of the contributions of interest or other income from political of the contributions of interest or other income from political of the contributions of interest or other income from political of the contributions of interest or other income from political of the contributions of interest or other income from political of the contributions of interest or other income from political of the contributions of interest or other income from political of the contributions of interest or other income from political of the contributions of interest or other income from political of the contributions of the contribution of the	contributions
	I do retain assets purchased with political contributions or interest or other income from political contributions or interest or other income from political contributions or interest or other income from political contributions understand that I must dispose of assets purchased with political contributions in accordance with the 254.204.	utions to personal use. I also
	Signature of Can	ndidate
_		
5	OFFICEHOLDER ** Complete this section only if you are an officeholder **	
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not hat also aware that I will be required to file reports of unexpended contributions if, after filing the last required political contributions, interest or other income from political contributions, or assets purchase interest or other income from political contributions.	uired report as an officeholder, I
		poholdor
	Signature of Office	enoidel

